



**RELEASE OF EMPLOYMENT/  
RELEASE FROM PARKING FACILITIES**  
State Form 52708 (R / 8-06)

**DEPARTMENT OF ADMINISTRATION  
FACILITIES MANAGEMENT**  
302 West Washington Street, Room E024  
Indianapolis, Indiana 46204  
Telephone (317) 232-3156  
Fax: (317) 233-3956

INSTRUCTIONS: 1. Requesting agency to complete areas below upon termination of employment.  
2. Submit completed form to employee.  
3. Employee will submit to Parking Services when leaving the parking facilities.

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_, an employee with the \_\_\_\_\_,  
(Employee Name) (Agency Name)

has ended his/her employment. Please allow the employee named above to exit and/or  
sign out of the parking garage. If there are any questions, contact

\_\_\_\_\_ at \_\_\_\_\_.  
(Contact Name) (Telephone Number)

Thank you,

Signature

Printed name